PRINTED: 05/31/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SUI COMPLET	
		291500	B. WIN	IG_		05/1	3/2011
	ROVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 4141 S SWENSON LAS VEGAS, NV 89119	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SECTION SEC	HOULD BE	(X5) COMPLETION DATE
L 000	INITIAL COMMENTS	3	L	000			
	the result of an annua	eficiencies was generated as al Medicare recertification your facility between 5/10/11					
		ducted under 42 CFR Part on of Participation. (Effective					
	The census was four	hundred and three. (403)					
	Twenty (20) clinical refive (5) visits were co	ecords were reviewed and inducted.					
		inpatient locations: 4141 S. , Nevada 89119 and 3391 egas, Nevada 89129					
	hospice located at 12	luded two programs of 201 Nevada State Dr. 89015 and 1401 South Pahrump, Nevada.					
	All locations were cel number.	rtified under one provider					
	by the Health Division prohibiting any criminaction, or other claim	clusions of any investigation n shall not be construed as nal or civil investigation, s for relief that may be v under applicable federal,					
	The following regulat identified.	ory deficiencies were					
L 546	418.56(c)(1) CONTE	NT OF PLAN OF CARE	L	546			
LABORATORY	 DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	<u> </u> E		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		LE CONSTRUCTION	(X3) DATE SUF COMPLETI		
		291500	B. WIN	G		05/1:	3/2011	
	ROVIDER OR SUPPLIER		•	41	EET ADDRESS, CITY, STATE, ZIP CODE 41 S SWENSON AS VEGAS, NV 89119	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE	
L 546	necessary for the pa the terminal illness a including the followin	st include all services lliation and management of nd related conditions,	L	546				
	Based on interview, review, it was determ to include specific cricomfort and symptor	not met as evidenced by: clinical record and document nined the plan of care failed teria for management of n relief in four (4) of twenty d (Patients #12; #14; #17;						
	following documenta "Range Orders-ord interval varies over a depending on the sit must have specific d of symptom severity. For example: Roxar pain every two hours Roxanol 10 two hours prn Roxanol 15 hours prn In the inpatient unit (ective 1/27/11) contained the tion: lers in which dose or dosing prescribed range, uation or patient's status, ose amounts for each level and 5 Milligrams (mg) for mild prn (take as needed) and for moderate pain every sing for severe pain every two						
	implement practition	IPU), the licensed nurse shall er orders that have ranges in the hospice titration protocol.						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION	(X3) DATE SUF	
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	ROVIDER OR SUPPLIER		1	4	EET ADDRESS, CITY, STATE, ZIP CODE 141 S SWENSON AS VEGAS, NV 89119		
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L 546	If the nurse suspects under medicated folloprescriber will be compatient's medication rand/or dosing regime Patient #12 Patient #12 was a 33 the IPU on 5/10/11, whon-small cell sarconsecondary to malignate and nausea at the Physician Admistrated 5/10/2011, con CADD (trademark nation or sq (subcutaneous) "Hydromorphone 0.5" (hour) bolus 1 mg ever The clinical record for indicate the criteria the medication to be admit (subcutaneous) every Patient #14 Patient #14 was a 64 on 5/10/11, with diagnite pancreas, rheumate pneumonia. The Team Care Planted (unspecified parenter 5MG/ML 1-3 mg ever (subcutaneous), Delii	the patient is being over or owing this protocol, the tacted to reassess the needs. A different medication in may be necessary" year old male admitted to with diagnoses to include the nation of connective tissue and vomiting. sion Orders for Patient #12 tained an order for me) Pump:IV (intravenous) mg milligrams (mg)/hr the pry 10 minutes prn." or Patient # 12 failed to the tat would require the ninistered by bolus or subquinistered by bolus or subquinistered by admitted to the IPU noses to include cancer of atoid arthritis and for Patient #14 dated or Haloperidol Lactate alt (route) Solution	L	546			

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L 546	Injection (unspecified 5MG/ML 0.5-1 mg ev (subcutaneous), Anxi management due to control of the orders and plan of the skilled nurse would the lower end of the facility policy. Patient #17 Patient #17 was a 93 on 5/7/11, with diagnor obstructive lung disease infection, metabolic at the patient's Physicial Status dated 5/7/11, Clactate Injection (unspecified in Solution 5 MG/ML 0.5 IV/Subq (subcutaneous Hydromorphone HCL parenteral rt) Solution hour PRN IV and Subpain/dyspnea. The orders and Medicial failed to specify the sient exhibited by the patien nurse would administed and of the dosage scale.	parenteral rt) Solution ery 3 hrs PRN IV/Subq ety, dyspnea, symptom disease progression." of care for Patient #14 failed conditions/signs and by the patient under which d administer medication at dosage scale as opposed to dosage scale as per the year old admitted to the IPU beses to include chronic ase, debility, intestinal cidosis and hypertension. an Orders and Medication documented, "Haloperidol pecified parenteral rt) 6-2 mg every 3 hrs PRN as) PRN delirium and Injection (unspecified a 2 MG/ML 0.2-2 mg every eq (subcutaneous) PRN cation Status for Patient #17,	L	546			

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Continued From pag	e 4	L	546			
IPU on 3/21/11, with stage debility, hypert mass. The patient ex The Physician Admis documented, "Loraz (subcutaneous) q (ex clock) and 2 hr prn for symptom management mgIV/Subcut (subcut hour PRN. The Physician Admis failed to specify the sexhibited by the patient nurse would administ end of the dosage per construction of the dosage per construction of the dosage per construction of the patient was to be followed rearinges for medication 418.56(c)(4) CONTER (The plan of care munecessary for the patient the terminal illness a including the following (4) Drugs and treatment of the patient.	diagnoses to include end ension and paratrachial spired on 4/14/11. ssion Orders dated 3/21/11, epam 0.5 mg; route: IV/Subq very) 8 hr ATC (around the or anxiety, dyspnea and ent and Hydromorphone 0.5 taneous) q 4 hr ATC and 1 ssion Orders for Patient #20 signs and symptoms ent under which the skilled ter medications at the lower cale as opposed to the higher er the facility policy. ernoon, the Vice President of indicated the facility policy egarding the prescribed ins. NT OF PLAN OF CARE st include all services liliation and management of ind related conditions, g:] ent necessary to meet the	L	549			
	COVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag Patient # 20 was a 11 IPU on 3/21/11, with stage debility, hypert mass. The patient ex The Physician Admis documented, " Loraz (subcutaneous) q (ex clock) and 2 hr prn for symptom manageme mgIV/Subcut (subcut hour PRN. The Physician Admis failed to specify the se exhibited by the patien nurse would adminis end of the dosage so end of the dosage so end of the dosage so end of the dosage per On 5/13/11 in the aft Clinical Operations in was to be followed re ranges for medicatio 418.56(c)(4) CONTE [The plan of care mu necessary for the patient the terminal illness a including the followin (4) Drugs and treatm needs of the patient. This STANDARD is Based on record rev	DENTIFICATION NUMBER: 291500 OVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Patient # 20 was a 101 year old admitted to the IPU on 3/21/11, with diagnoses to include end stage debility, hypertension and paratrachial mass. The patient expired on 4/14/11. The Physician Admission Orders dated 3/21/11, documented, "Lorazepam 0.5 mg; route: IV/Subq (subcutaneous) q (every) 8 hr ATC (around the clock) and 2 hr prn for anxiety, dyspnea and symptom management and Hydromorphone 0.5 mgIV/Subcut (subcutaneous) q 4 hr ATC and 1	OVIDER OR SUPPLIER ADELSON HOSPICE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Patient # 20 was a 101 year old admitted to the IPU on 3/21/11, with diagnoses to include end stage debility, hypertension and paratrachial mass. 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On 5/13/11 in the afternoon, the Vice President of Clinical Operations indicated the facility policy was to be followed regarding the prescribed ranges for medications. 418.56(c)(4) CONTENT OF PLAN OF CARE [The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (4) Drugs and treatment necessary to meet the needs of the patient. This STANDARD is not met as evidenced by: Based on record review the facility failed to	OVIDER OR SUPPLIER ADELSON HOSPICE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Patient # 20 was a 101 year old admitted to the IPU on 3/21/11, with diagnoses to include end stage debility, hypertension and paratrachial mass. The patient expired on 4/14/11. 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The Physician Admission Orders for Patient #20 failed to specify the signs and symptoms exhibited by the patient under which the skilled nurse would administer medications at the lower end of the dosage scale as opposed to the higher end of the dosage per the facility policy was to be followed regarding the prescribed ranges for medications. 1. 549 The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions, including the following:] (4) Drugs and treatment necessary to meet the needs of the patient. This STANDARD is not met as evidenced by: Based on record review the facility failed to	COMPLET 291500 STREET ADDRESS, CITY, STATE, ZIP CODE 4141 S SWENSON SUMMARY STATEMENT OF DEPICIENCIES GEAN DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Patient # 20 was a 101 year old admitted to the IPU on 321/11, with diagnoses to include end stage debility, hypertension and paratrachial mass. The patient expired on 4/14/11. The Physician Admission Orders dated 3/21/11, doccumented, " Lorazepam 0.5 mg; route: IV/Subq (subcutaneous) q (every) 8 hr ATC (around the clock) and 2 hr pm for anxiety, dyspnea and symptom management and Hydromorphone 0.5 mgl/Subcut (subcutaneous) q 4 hr ATC and 1 hour PRN. 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L 549	of care in one (1) of (Patient #2) Findings: Patient #2 On 5/4/11 the patient inpatient hospice with peripheral vascular constructive diseases. Review of the care phospice medication arevealed: PICC (Per Catheter) flush with Saline every day (us no documented evid was given on 5/5/11 418.112(e)(3) COOF The hospice must:] (3) Provide the SNF following information (i) The most recent into each patient; (ii) Hospice election directives specific to (iii) Physician certificate terminal illness is (iv) Names and context personnel involved in patient; (v) Instructions on house the patient; (vi) Hospice medicate each patient; and	theter) according to the plan twenty (20) records reviewed. It was admitted to the h diagnoses of debility, disease, gangrene. chronic with dementia, depression. It was administration record ipheral Inserted Central 1 ml (milliter) Heparinized to 10 ml syringe). There was ence to verify the PICC flush and 5/8/11. RDINATION OF SERVICES INF or ICF/MR with the to comparison of the cach patient; the patient; the patient is the precific to each patient; the precific to each patient is the precific t		781			

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L 781	Continued From page any) orders specific to		L 7	'81			
	Based on interview wit was determined the the SNF (skilled nursi	• • •					
	Patient #10						
	hospice with diagnose disease, hypertension disease stage III. On facility was conducted Active orders as of 5/ medication administra skilled nursing facility	ont #10 was admitted to the es debility, Alzheimer's in, and chronic kidney 5/11/11, a visit to the skilled id. A review of the hospice 11/11 and the Patient's eation record (MAR) at the were conducted with the following discrepancies were					
	Review of the resident physician orders as of following medications	f 5/11/2011 listed the					
	one tablet 3 times a d administered by the n	ally tablet 5 mg (milligrams) lay oral. Ditropan lurse at the skilled nursing b (by mouth) t.i.d. (three					
	Imdur by mouth/ orally hour 60 mg 1 tablet d	y tablet extended release 24 aily oral. Imdur					

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L 781	facility was 60 mg. on Catopril by mouth/ora three (3) times daily on nursing facility was to 1 Po TID (three times medication administrathe resident was admone time a day, not the Omeprazole by mouth release 20 mg. 1 table GERD (gastroesopha of the medication administration administration (2.5 mg./3 m hours Inhalation. Revadministration record UD via SVN (small vehours wheeze/ SOB (medication administration factority the dose to be resident. Albuterol Sulfate Inha Solution (2.5 mg./3 m hours wheeze/ SOB (medication administration factority the dose to be resident. Albuterol Sulfate Inha Solution (2.5 mg./3 m hours Inhalation. Revadministration record UD via SVN (small vehours prn (as needed The medication administration administ	urse at the skilled nursing e Po daily. Illy tablet 25 mg. one tablet aral. The nurse at the skilled administer Catopril 25 mg. a day.) Review of the ation record (MAR) indicated inistered Catopril 25 mg. aree times as ordered. In/orally capsule delayed et 2 times daily oral for geal reflux disease). Review ministration record (MAR) facility indicated Pepcid 20 a daily) was administered. Iller/Inhalation Nebulization I) 0.83% 1 unit dose every 8 iew of the medication (MAR) indicated Albuterol olume nebulizer) every 8 shortness of breath). The ation record (MAR) did not	L	781			

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L 781	x 1 then 1 tab Po with medication administration in the suspension 10 ml (mprofered (MAR) identification was administration record nursing facility. Claritin by mouth/ora directed oral for allernot listed on the medication was administration record nursing facility. Claritin by mouth/ora directed oral for allernot listed on the medication was administration record nursing facility. Patient #7 Patient #7 Patient #7 Patient #7 Patient was administration facility wedication status for medication administration record in the patient was administration facility facility medication status for medication administration administration administration facility medication administration facility faci	by mouth/orally tablet tablets print oral- give 2 tabs in each loose stool. The ation record (MAR) identified if then 1 tab Po with each eadministered. sia) by mouth/orally illiters) every 4 hours oral medication administration ed MOM 10 ml. Po q 4-6 diarrhea. ransdermal Patch 72 hours ery 72 hours Transderm. not listed on the medication if (MAR) in the skilled lly tablet 10 mg. 1 tablet as gies. This medication was dication administration record hursing facility. an assisted living facility, itted to hospice on llowing diagnoses debility; ammatory pulmonary fibrosis; ure. During a visit to the ea review of the hospice		781			

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L 781	oral and on the same form Lasix by mouth tablets daily oral. A radministration record facility revealed Furor 3 tabs (= 60 mg) by nexcess fluid. There w	tablet 40 mg. 2 times daily hospice medication status / orally tablets 20 mg. 3 eview of the medication (MAR) in the assisted living semide 20 mg. tablet (Lasix) nouth every day- reduce	L	781			